

GIC Health Plan Rates – Monthly Rates as of July 1, 2009

**For HAWLEMONT REGIONAL SCHOOL DISTRICT
ENROLLEES**



Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	25%	\$101.43	\$243.44
Fallon Community Health Plan Select Care	25%	\$123.00	\$295.18
Harvard Pilgrim Independence Plan	30%	\$157.89	\$382.12
Health New England	25%	\$107.78	\$267.15
Navigator by Tufts Health Plan	30%	\$155.72	\$375.21
NHP Care (<i>Neighborhood Health Plan</i>)	25%	\$104.21	\$276.15
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	40%	\$307.02	\$716.72
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	\$292.81	\$683.75
UniCare State Indemnity Plan/ Community Choice	30%	\$123.38	\$296.12
UniCare State Indemnity Plan/PLUS	30%	\$159.73	\$381.20

Retirees and Survivors *WITH* MEDICARE

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 80.06
Harvard Pilgrim Medicare Enhance	40%	\$139.99
Health New England MedPlus	40%	\$145.34
Tufts Health Plan Medicare Complement	40%	\$128.65
Tufts Health Plan Medicare Preferred*	40%	\$ 71.24
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	40%	\$141.19
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	\$136.94

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Hawlemont Regional School District Benefits Office.

Rate questions? Call: Gina Henry – Benefits Administrator 1.413.625.0192, Ext. 19